



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**September 19, 2012**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic pain / functional restoration program, 80 units (hours).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Upheld                | (Agree)                          |
| <input checked="" type="checkbox"/> Overturned | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned  | (Agree in part/Disagree in part) |

The reviewer finds it reasonable for this patient to participate in 80 hours of a chronic pain management program per criteria of the ODG.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. TDI Referral information
2. Denial information
3. Preauthorization request
4. Appeal letter
5. PPE, 7/23/12
6. Behavioral health assessment, 7/16/12
7. Peer review, 7/29/09
8. RME, 10/15/02

9. H&P, IME, 10/15/02
10. Notice of disputed issues, 8/7/08
11. Office notes, 6/4/08-4/30/12
12. EMG/NCV, 8/11/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This individual sustained a low back injury on xx/xx/xx. She had a prior lumbar laminectomy. Physical therapy and epidural steroid injections were performed. She underwent three surgeries including a spinal cord stimulator in 2003, which was revised in 2011. Other issues include the loss of her daughter in 2008 and 2011. She is currently taking medications and is under psychiatric care and receiving individual counseling. Previous EMGs have been normal. At the 04/30/12 office visit, noted a physical examination where no deficit was present.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The ODG for this procedure are met. Previous reviewers have indicated that there was no physical examination and no psychological evaluation. The information provided includes a physical examination on 04/30/12. There is a psychological evaluation by Ellman Rehabilitation Associates. All of the criteria have been outlined in the request for the behavioral program, and all of the requirements have been met. It is reasonable to participate in 80 hours of a chronic pain management program per criteria of ODG.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- \_\_\_\_\_ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- \_\_\_\_\_ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- \_\_\_\_\_ DWC-Division of Workers' Compensation Policies or Guidelines.
- \_\_\_\_\_ European Guidelines for Management of Chronic Low Back Pain.
- \_\_\_\_\_ Interqual Criteria.
- \_\_\_\_\_ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- \_\_\_\_\_ Mercy Center Consensus Conference Guidelines.
- \_\_\_\_\_ Milliman Care Guidelines.
- ☒ ODG-Official Disability Guidelines & Treatment Guidelines
- \_\_\_\_\_ Pressley Reed, The Medical Disability Advisor.
- \_\_\_\_\_ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- \_\_\_\_\_ Texas TACADA Guidelines.
- \_\_\_\_\_ TMF Screening Criteria Manual.
- \_\_\_\_\_ Peer reviewed national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)